

Field Treatment

1. Basic airway
2. Oxygen/pulse oximetry/assist respirations with BVM prn
 - ①
3. Advanced airway prn

Note:②

4. Shock position
5. Cardiac monitor/document rhythm and attach EKG strip
6. If pulse less than 60/min after performing effective ventilations with oxygen, begin chest compressions
 - ③
7. Venous access

Note:④

8. If symptomatic bradycardia persists,
Epinephrine (1:10,000) **0.01mg/kg** IVP
 - ①
 - ☞ Repeat every 3-5 minutes
9. If increased vagal tone or primary AV Block,
Atropine **0.02mg/kg** IVP
 - ②
 - ☞ May repeat in 5 minutes one time
10. Continually reassess respirations and pulses

Drug Considerations

Epinephrine:

- ① Maximum single dose: 1mg

See [Color Code Drug Doses/ L.A. County Kids](#)

- ② **Atropine:** >1 month - do not administer to neonates.

Dose:

- ✓Minimum single dose: 0.1mg
- ✓Maximum single dose:
 - age 12 and under-0.5mg;
 - age 13 and over-1mg
- ✓Maximum overall dose:
 - age 12 and under-1mg;
 - age 13 and over-2mg

See [Color Code Drug Doses/ L.A. County Kids](#)

Special Considerations

- ① If BVM used "squeeze-release-release technique."
- ② ET placement approved for patients ≥ 12 years of age **OR** ≥ 40 kg
- ③ Heart rate <60 and poor systemic perfusion, begin CPR on infants and children.
- ④ Begin transport if unable to establish venous access.